Neuroplasticity of speech-in-noise processing in older adults assessed by functional near-infrared spectroscopy (fNIRS)

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Abstract

Functional near-infrared spectroscopy (fNIRS) is a non-invasive optical neuroimaging technique that is portable and acoustically silent, has become a promising tool for evaluating auditory brain functions in hearing-vulnerable individuals. This study, for the first time, used fNIRS to evaluate neuroplasticity of speech processing in older adults. Ten older adults, most of whom had moderate-to-mild hearing loss, participated in a 4-week speech-in-noise training. Their speech-in-noise performances and fNIRS brain responses to speech (auditory sentences in noise), nonspeech (spectrally-rotated speech) and visual (flashing chequerboards) stimuli were evaluated pre- (T0) and post-training (immediately post-training, T1; and after a 4-week retention, T2). Behaviourally, speech-in-noise performances were improved after retention (T2 vs. T0) but not immediately post-training (T1 vs. T0). Neurally, brain responses to speech vs. nonspeech in the left frontal cortex decreased significantly post-training (both T1 and T2 vs. T0), reflecting possible alleviation of listening efforts. Furthermore, functional connectivity was significantly enhanced between temporal, parietal and frontal lobes, mainly after retention (T2 vs. T0), corresponding to the significant behavioural improvements. Finally, connectivity was significantly decreased between auditory and higher-level non-auditory (parietal and frontal) cortices in response to visual stimuli post-training (T1 vs. T0), indicating decreased cross-modal takeover of speech-related regions during visual processing. The results thus showed that neuroplasticity can be observed *before* behavioural changes. To our knowledge, this is the first fNIRS study to evaluate speech-based auditory neuroplasticity in older adults. It thus provides important implications for auditory neuroscience research by illustrating the promises of detecting auditory neuroplasticity using fNIRS in hearing-vulnerable individuals.

Key words

functional near-infrared spectroscopy (fNIRS), auditory plasticity, older adults, speech-in-noise, listening efforts, functional connectivity

1 Introduction

How the brain processes speech is an important topic in auditory cognitive neuroscience research. A long-standing focus is to study the brain functions in hearing-vulnerable populations such as older adults and hearing-impaired listeners who experience challenges in speech perception, especially in noisy environments (see reviews: Peelle and Wingfield, 2016; Slade et al., 2020). Over the years, functional neuroimaging techniques, such as functional magnetic resonance imaging (fMRI) and positron emission tomography (PET), have been applied to show the breakdown of brain processing of speech and language in older and hearing-impaired listeners (Wong et al., 1999; Wong et al., 2009; Peelle et al., 2011; Vaden et al., 2015, 2016; Vogelzang et al., 2021). Besides fMRI and PET, functional near-infrared spectroscopy (fNIRS) has emerged as a promising functional imaging methods to study auditory and speech perception by the brain (Pollonini et al., 2014; Wiggins et al., 2016; Defenderfer et al., 2017, 2021; Wijayasiri et al., 2017; Lawrence et al., 2018; Mushtaq et al., 2021; Zhou et al., 2022). fNIRS is an optical imaging technique that illuminates scalp of the brain using near-infrared light and measures the intensity of light returning from cortical areas through which concentrations of cerebral haemoglobin are estimated (Boas et al., 2014; Pinti et al., 2020). It has nowadays become an advantageous and practical tool to study brain functions of auditory and speech processing in hearing-vulnerable populations. First, compared to fMRI or PET, fNIRS is more portable and relatively less expensive which thus widen its use in laboratory environments for clinical populations (Boas et al., 2014; Pinti et al., 2020). Second, fNIRS is acoustically silent, whilst fMRI generates loud extraneous scanning noise (Scarff et al., 2004; Gaab et al., 2007). This is crucial for auditory experiments in those who face challenges in hearing and speech. Third, unlike PET that requires injection of radioactive isotopes, fNIRS is non-invasive, making it more suitable for repeated measurements, e.g., in longitudinal studies (Saliba et al., 2016; Basura et al., 2018; Harrison et al., 2021). Lastly, fNIRS is compatible with people who wear hearing protheses like hearing aids and cochlear implants which can have intensive magnetic interference with MRI scanning (Saliba et al., 2016; Basura et al., 2018; Harrison et al., 2021).

Recent research has successfully used fNIRS to illustrate the neural processes of hearing and speech perception in hearing-vulnerable populations. For instance, using fNIRS, Olds et al. (2016) showed that cochlear implant patients with good speech perception exhibited greater auditory cortical activations in response to intelligible than unintelligible speech whilst those with poor perception did not show distinguishable activations, revealing the association between speech perception and cortical activities. Previous studies have also shown successes in detecting listening efforts using fNIRS in older and hearing-impaired listeners. Rovetti et al., (2019) showed that reduction of fNIRS prefrontal cortical activations (reflecting alleviation in listening effort) during an auditory N-back task is associated with the use of hearing aids in older adults with hearing loss. Sherafati et al. (2022) showed greater fNIRS prefrontal cortical activations in cochlear implant patients than normal-hearing controls during spoken word listening tasks, reflecting greater listening efforts in the implanted patients. fNIRS also demonstrated promises in detecting cross-modal activations in relation to speech perception in the hearing-impaired. For instance, Anderson et al. (2017) showed that better speech perception in cochlear implant patients is associated with enhanced fNIRS cross-modal activations (auditory cortical responses to visual speech). Fullerton et al. (2022) further showed better speech perception is associated with functional connectivity between auditory and visual cortices in response to visual speech in implanted patients.

Despite these successes of the use of fNIRS and its unique advantages, previous research also confronted limitations of this technique. For example, compared to neuroelectromagnetic methods like electroencephalography (EEG) and magnetoencephalography (MEG), fNIRS measures haemodynamic responses that are sluggish, so it is unable to capture fine-grained timing information of the neural signals (Pinti et al., 2020). Also, its restricted depth of optode penetration makes it only detects neural activations occurred in the outer cortices with a relatively sparse spatial resolution compared to fMRI and PET which can further capture activities within sulci and deep into medial cortices (Pinti et al., 2020). Hence, it is worth noticing these limitations due to which some brain functions may not be easily detected through fNIRS. Therefore, evaluating the feasibility of this technique as discussed above is an important step to confirm its great promises in auditory research. However, most of these efforts so far have focused on cross-sectional experiments and it is unclear how *changes* in brain functions over time could be feasibly detected by fNIRS. Such changes are referred as 'neuroplasticity', which reflects the capacity of the brain to undergo functional reorganization across time (Innocenti, 2022). Observing this plasticity is important because it should pave the way for future research into the neural mechanisms underlying the *behavioural* changes, especially in older adults and hearing-impaired populations who have shown the potential to improve their speech perception after proper speech-based training interventions (Stropahl et al., 2020; Bieber and Gordon-Salant, 2021). Clinically, it can help identify those who have strong potentials for positive neuroplastic changes so that individualized treatments can be properly designed (Cramer et al., 2011; Nahum et al., 2013).

The current study aimed to assess the promises of using fNIRS to detect auditory neuroplasticity through a longitudinal experiment in older healthy adults, most of whom had mild-to-moderate hearing loss. Participants received a 4-week home-based speech-in-noise training and their brain activities were measured by fNIRS over the speech- and language-related cortical areas (temporal, parietal and frontal regions, see Poeppel and Hickock, 2007) both before and after training. The longitudinal changes were examined through an auditory and a visual test during the fNIRS assessments. In the auditory test, participants listened to speech (spoken sentences) and nonspeech stimuli (spectrally-rotated versions of speech that controlled for acoustic complexity so that speech specificity is examined) presented in noisy backgrounds. We expected increased auditory cortical activities reflecting greater auditory sensitivity after training as well as decreased left frontal/prefrontal cortical activities reflecting reduced listening efforts (Wild et al., 2012; Wijayasiri et al., 2017; Rovetti et al., 2019; Sherafati et al., 2022). We also expected enhancements in brain connectivity reflecting better coordination between language-related areas (Poeppel and Hickock, 2007). Participants were also exposed to speech-unrelated visual stimuli (flashing chequerboards). Previous research has reported that such stimuli can elicit greater auditory cortical activities in hearing-impaired people reflecting cross-modal maladaptation associated with poorer speech perception (Campbell and Sharma, 2014; Chen et al., 2015; Corina et al., 2017). We expected that this maladaptation would be reduced after training (i.e., reduced auditory cortical activities and/or reduced connectivity between auditory cortex and higher-order parietal and frontal speech-related areas in response to visual stimuli).

2 Methods and Materials

This study was approved by the UCL Research Ethics Committee. All participants were consent and reimbursed for their participation.

2.1 Participants

Ten right-handed, healthy adult participants (two males) aged between 63 and 78 years (mean = 70, SD = 4.5) were recruited. They were all native British English speakers with no reported histories of neurological, cognitive or language disorders. Their pure-tone audiograms (PTAs) were measured for each ear before the speech-in-noise training using a MAICO MA41 Audiometer (MAICO Diagnostics, Germany) at 0.25, 0.5, 1, 2, 3, 4, 6 and 8 kHz. Two participants had normal hearing (≤ 25 dB HL) at all frequencies ≤ 6 kHz in both ears. The other eight showed a general pattern of mild-to-moderate hearing loss (30–60 dB HL) especially at high frequencies (> 2 kHz) (see **Figure 1**). This therefore matches the real-life scenario where majority of healthy ageing populations suffer from high-frequency mild-to-moderate hearing loss (Gopinath et al., 2009; Humes et al., 2010).

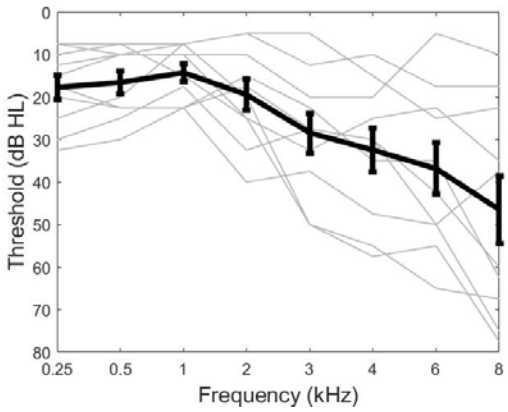

Figure 1. Audiograms of participants averaged across the two ears. Grey lines show the thresholds of individual participants and the black line show the thresholds averaged across participants. Error bars indicate the standard errors of the means.

2.2 Design

Participants received a home-based speech-in-noise training through a participant-/patient-friendly App developed by Green et al., (2019). With proper instructions, participants were able to complete the training process by themselves via controlling the Matlab Graphical User Interfaces using a computer tablet at their own home. Training data were saved in an online UCL Research Dropbox in a daily basis so that experimenters could make sure the training was gone through smoothly. During the training, participants listened to storybooks (in British English) spoken by a male and a female speaker sentence-by-sentence presented in background noise and they were asked to identify words within each sentence through multiple-choice word tasks. The background noises were multiple-talker babbles (4, 8 and 16 talker-babbles presented throughout the training in intermixed orders; half males and half females). An adaptive procedure was adopted where the signal-to-noise

ratio (SNR) increased/decreased following the decreases/increases in participants' accuracies over time to keep their attention. The training lasted for 4 weeks, 6 days per week, ~30 minutes per day.

Their speech-in-noise performances and brain responses to auditory and visual stimuli were measured both before (a day or two before the training as the baseline, T0) and after training (the next day after the training ended, T1; and after an additional 4-week retention period, T2). **Figure 2A** illustrates the study procedure.

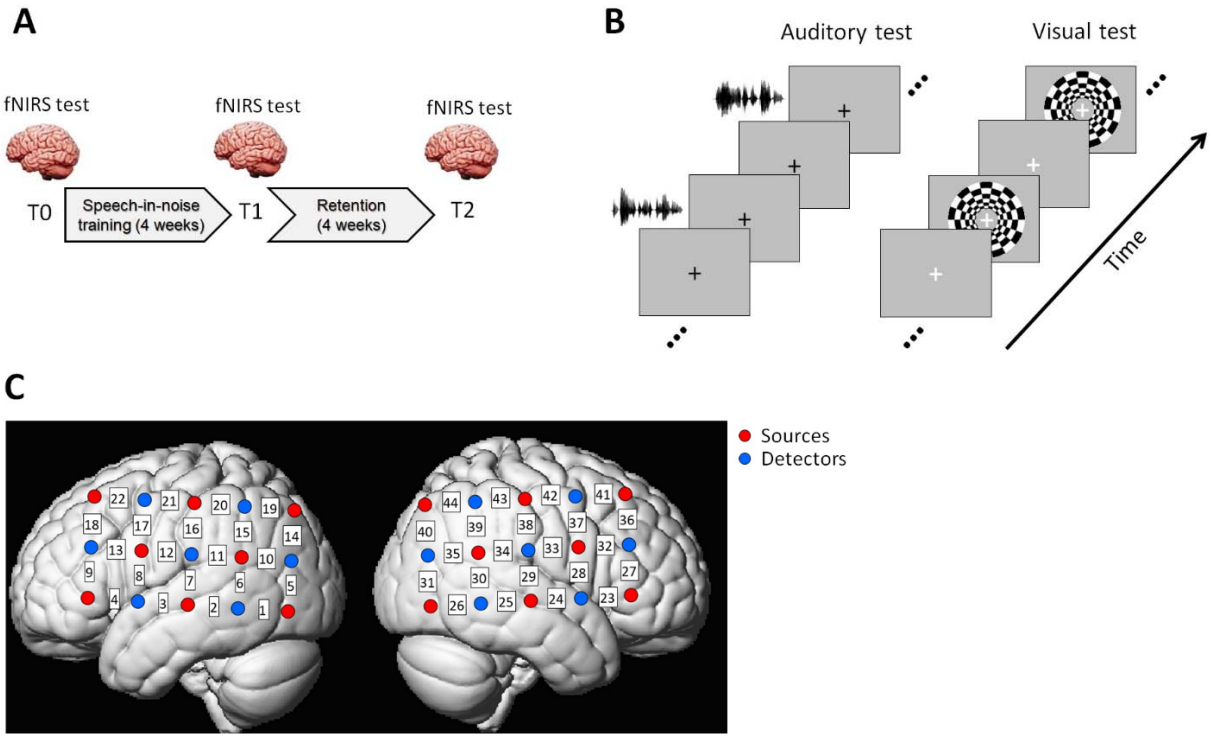

Figure 2. Experiment design. **(A)** Participants completed a 4-week home-based speech-in-noise training and their brain functions were measured by fNIRS before (T0) and after the training (T1 and T2). **(B)** The fNIRS experiment included an auditory test where participants listened to auditory sentences (speech and spectrally rotated speech) and a visual test where participants watched a flashing chequerboard. A block design was adopted with resting blocks interleaved between the auditory/visual stimuli. **(C)** Optode configuration of the fNIRS experiment was two 5-by-3 probe sets that formed 44 channels (22 channels in each hemisphere) over speech- and language-related temporal, parietal and frontal cortical regions (left: left hemisphere; right: right hemisphere). Red and blue circles denote the sources and detectors, respectively. The channel indices were indicated in the white squares between the sources and detectors.

2.3 Speech-in-noise tasks

The speech-in-noise performances were measured as participants' speech reception thresholds (SRT) when they listened to short sentences in noisy backgrounds. The sentences were chosen from the Adaptive Sentence List (ASL), each of which consists of three key (content) words (e.g., 'He wiped the table' with key words 'he',

'wiped' and 'table') spoken by a male native British English speaker (MacLeod and Summerfield, 1990). Participants were seated in a quiet room listening to 30 sentences under an 8-talker babble noise (the same 8-talker babbles as in the training) via inserted earphones (ER-3 insert earphone, Intelligent Hearing Systems, USA). They were required to verbally report as many words as they could for each sentence. The signal-to-noise ratio (SNR) was initially set at 6 dB for the first sentence (for which all participants were able to recognize all key words) and was decreased by 4 dB for subsequent sentences until < 50% words (i.e., < 2 words) were correctly reported. SNR was then increased/decreased by 2 dB when word correctness was smaller/greater than 50% for each of the following sentences. The SRT was measured as the mean SNR across all reversals at the step size of 2 dB (Schoof and Rosen, 2014). Therefore, lower SRT reflects better speech-in-noise performance. The overall sound level (sentence plus noise) was calibrated and fixed at 75 dB SL. The procedure was controlled using Matlab 2016a (Mathworks, USA) with key words for each sentence appearing on the computer screen seen only by the experimenters. The 'loose keyword scoring' approach was followed, meaning that a reported word was considered correct as long as it matched the root of a key word (e.g., 'stand' was considered correct for the keyword 'stood') (Macleod and Summerfield, 1990). There were 6 practice sentences prior to each formal test.

2.4 fNIRS experiment

2.4.1 Optode placements

Brain haemodynamic responses were recorded by a continuous-wave fNIRS system (ETG-4000, Hitachi Medical, Japan; sample rate of 10 Hz) that uses two wavelengths of light at 695 and 830 nm to allow the estimates of changes in both oxy- (HbO) and deoxy-haemoglobin (HbR). The haemodynamics were measured using two 5-by-3 optode probe sets (8 sources and 7 detectors with a fixed source-detector distance of 3 cm on both hemispheres), hence 44 channels covering much of the temporal, parietal and frontal areas (see **Figure 2C**). These areas are consistent with the some of the most important cortical regions that contribute to human processing of speech and language (Hickok and Poeppel, 2007). To ensure that the channels are in largely the same positions across participants, the probe sets were fitted on a specific cap based on the international 10-20 system (channel 7/29 corresponds to T7/T8 near the left/right primary auditory cortex). All participants wore the same cap. The vertex position and the nasion-vertex-inion midline were aligned across participants. To fit the channel positions on the cortical anatomy, the optodes and anatomical surface landmarks (nasion, vertex, inion, left and right ears) were registered using a 3D digitizer provided by the EGT-4000. In practice, it had shown difficult to appropriately register the landmarks in many of our participants (e.g., very small dislocations of digital sensors can cause greatly spurious head shape). Therefore, we used the most successful digitization result in one of the participants as the representative for channel positioning over the anatomical areas for all participants. Since a fixed cap was used, the standardized alignment procedure should not lead to large interindividual variability of channel positions that would have pronounced effects on the neural measurements.

Efforts were taken by the experimenters to maximize the good optode contacts with the scalp. With participants who had hair, a thin stick was used to help pull out the hair out of the way between the optodes and the scalp. General good contacts were ensured with waveforms having clear cardiac elements monitored by ETG-4000 in real-time. Formal tests started when better contacts could no longer be achieved after every effort

was taken. Channels with poor signal quality were further detected and excluded for subsequent analyses (see *fNIRS data analyses*).

2.4.2 Paradigms

The fNIRS experiments included an auditory and a visual test. The auditory test used speech and nonspeech stimuli. The speech stimuli were ASL sentences spoken by the same male speaker as in the speech-in-noise tasks while nonspeech stimuli were spectrally-rotated versions of the speech (Scott et al., 2000, 2009). The spectrally-rotated speech preserves some of the acoustic properties of the original speech, including similar wideband amplitude modulations, harmonic complexity and intonations, but they were highly unintelligible (Scott et al., 2000, 2009). This thus controlled for the auditory processing of acoustic properties that enabled us to study how neuroplasticity may be related to speech-specific factors such as intelligibility. All stimuli were presented via ER-3 earphones under an 8-talker babble noise with the overall sound level (sentence plus noise) calibrated at 75 dB as in the speech-in-noise tasks. The SNR was fixed across all sessions at the SRT obtained from the speech-in-noise task at T0 on a participant-by-participant basis. This ensured that speech stimuli were partly intelligible (~50% word recognition at T0) which thus required similar listening efforts across participants and that neural responses to the speech/nonspeech stimuli can be statistically compared across different sessions.

A block design was adopted in which participants sat in front of a computer screen with a grey background and a black cross in the middle for them to keep their eyes on and listened to 12 speech and 12 nonspeech blocks presented in a randomized order (see **Figure 2B**). Each block consisted of 4 sentence trials. All sentences were ~2 seconds long and each sentence plus noise was set to a fixed duration of 2.5 seconds that allowed the babble noise to start before sentence onset and extend after it ended. Another 2.5 seconds silent interval followed each sentence before the next during which participants were required to gently press a button (1, 2 or 3) to indicate how many key words they could recognize from the sentence. Each block thus lasted 20 seconds. Silent resting blocks were interleaved between the speech and nonspeech blocks, each of which had a duration set randomly at 15, 17, 19 or 21 seconds. This was to reduce the possibility of participants being able to predict when the next speech/nonspeech block would happen. The auditory test lasted for ~15 minutes.

For the visual test, participants were exposed to a flashing radial chequerboard with black and white patches (the two colours reversed at the rate of 8 Hz, see Vafaee and Gjedde, 2000) on the computer screen against a grey background. Similar to the auditory test, a block design was used (see **Figure 2B**). There were 10 chequerboard blocks, each with a duration of 20 seconds. In addition to the chequerboard, a white cross appear in the middle of the screen and was set to change to red and then back to white (timings for the changes were set at random but occurred no earlier than 4 seconds after the block onset). To ensure participants' engagement, they were asked to focus on the cross and gently press a button whenever the colour changed. Resting blocks were interleaved between stimulus blocks, each with a duration randomly set at 17, 20, or 23 seconds. The visual test lasted for ~7 minutes.

A two to three minutes' practice run was provided before formally starting each test so that participants were familiarized with the paradigms. Across the entire test period, participants were asked to restrain their body and head movements and consistently keep their eyes on the cross in the middle of the screen.

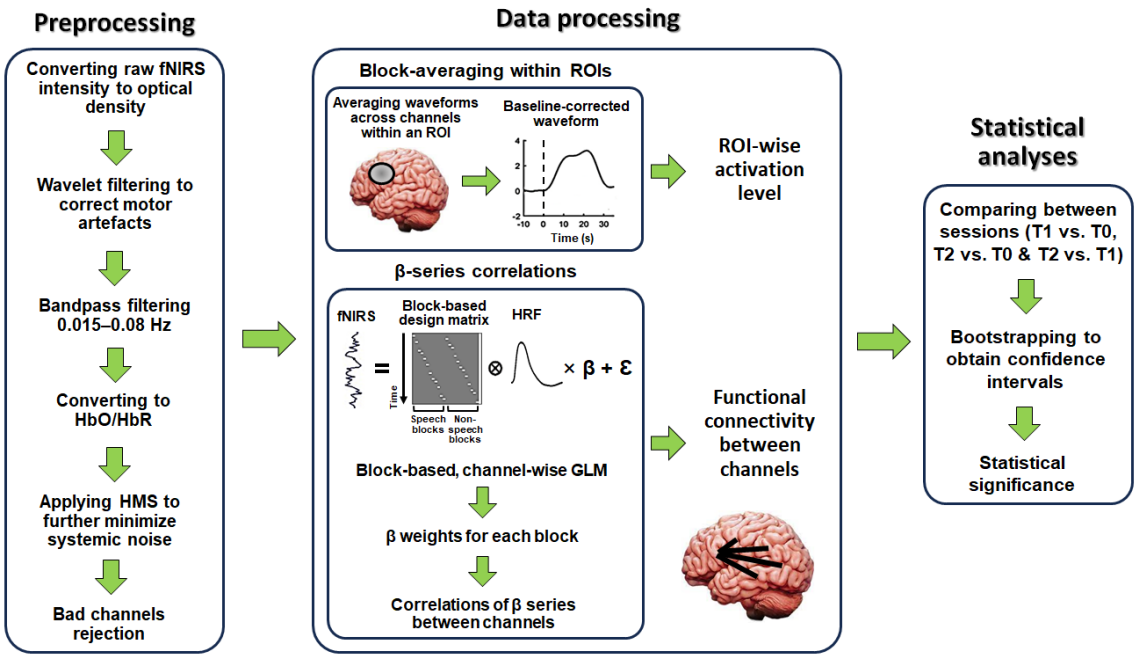

Figure 3. Flow charts for signal processing. The raw fNIRS data were first preprocessed. This included conversion fNIRS intensity to optical density, motor artefact correction (via wavelet filtering), bandpass filtering, conversion to HbO and HbR, and applying haemodynamic modality separation (HMS). Bad channels were finally detected via scalp coupling index (SCI) and were rejected for subsequent analyses. The preprocessed data were then used to measure functional activation levels and connectivity for each task (auditory and visual) during each session (T0, T1 and T2). Activation levels were measured via normalised response magnitudes by block-averaging within ROIs. Functional connectivity was measured by correlations of block-based beta-weight series between individual channels. Statistics were finally conducted using bootstrapping to obtain confidence intervals based on comparisons of activation levels and connectivity between different sessions for each task. Details of the entire procedure are described in the main text.

2.5 fNIRS data analyses

The signal processing procedure includes preprocessing, data processing of functional activations and connectivity, and statistical analyses. **Figure 3** shows the flow charts of this procedure.

2.5.1 Preprocessing

All signal processing and analyses of fNIRS were conducted using Matlab 2019b (Mathworks, USA) combining customized codes and the HOMER2 (Huppert et al., 2009) (homer-fnirs.org) and SPM-fNIRS toolbox (Tak et al., 2016) (www.nitrc.org/projects/spm_fnirs). We followed the signal processing procedure which was reported to result in high test-retest reliability of speech-evoked responses by fNIRS (Wiggins et al., 2016).

The raw fNIRS intensity signals were first converted to changes in optical density (via the HOMER2 function *hmrIntensity2OD*). Then motion artefacts were corrected using wavelet filtering (via the HOMER2 function *hmrMotionCorrectWavelet*). This removed wavelet coefficients lying more than 0.719 times the inter-quantile range below the first or above the third quartiles (Lawrence et al., 2018; Mushtaq et al., 2021). The optical density signals were then bandpass filtered between 0.015 and 0.08 Hz using a zero-phase 3rd-order Butterworth filter (hence covering the presentation frequency of ~0.025 Hz in the block design) which attenuated the low-frequency drifts and changes in arterial blood pressure, respiratory and cardiac activities. The signals were then converted to changes in HbO and HbR concentrations via the modified Beer-Lambert Law (Huppert et al., 2009). The haemodynamic modality separation (HMS) algorithm (Yamada et al., 2012) was finally applied to further minimize the possible remaining systemic physiological noise and motion artefacts (e.g., slow head and body motions) (Wiggins et al., 2016). HMS is based on the fact that changes in HbO and HbR are negatively correlated in the functional responses but positively correlated in the motion and physiological noises. Accordingly, it returned separate estimates of the functional and noise components. We used the functional components for the changes in HbO as the final pre-processed measurements (due to the negative correlation with HbO, functional components for the changes in HbR were thus redundant after applying HMS, see Yamada et al., 2012).

As well as the pre-processing, channels with poor signal quality were detected despite the efforts to optimize optode contacts with the scalp. The scalp coupling index (SCI), which can effectively identify poor fNIRS signals in speech perception experiments (Pollonini et al., 2014; Mushtaq et al., 2019, 2021; Lawrence et al., 2021), were adopted. The signals with the two wavelengths were first bandpass filtered into 0.5–2.5 Hz that represents the cardiac elements captured by fNIRS and were correlated with each other. The higher correlation indicates better optode contacts. Following the criteria used in previous speech perception studies using fNIRS (Mushtaq et al., 2019, 2021; Lawrence et al., 2021), the worst 5% of channels (across all participants and sessions) were excluded for subsequent analyses. This threshold was set to ensure as many channels as possible (i.e., 95% of all channels) were preserved for statistical analyses (Mushtaq et al., 2019, 2021; Lawrence et al., 2021) especially when relative low number of participants (i.e., 10) were recruited in the current study.

2.5.2 Data processing of functional activations and connectivity

The pre-processed fNIRS activations were analysed to measure (1) functional activation levels; and (2) functional connectivity during both auditory and visual tests. We examined activation levels using block averaging within several regions of interests (ROIs). This approach was employed because test-retest reliability in previous studies have shown that fNIRS activations are more reliably estimated when signals are averaged across small number of channels within a given ROI compared to when signals are analysed on a single-channel basis (Plichta et al., 2006; Schecklmann et al., 2008; Blasi et al., 2014; Wiggins et al., 2016). For the auditory tests, we focused on four ROIs of the bilateral auditory cortices (left: Channels 2, 3 and 7; right: Channels 24, 25 and 29), left inferior parietal lobule (Channels 11, 15, 16 and 20) and left frontal/prefrontal cortices (Channels 13, 17, 18 and 22). For the visual tests, we focused on two ROIs of the bilateral auditory cortices. Auditory cortices were chosen as we wanted to assess the functional neuroplasticity in auditory sensitivity in the auditory test and cross-modal maladaptation in the visual test. The other two ROIs were chosen for the auditory test since they reflect higher-order speech and language processing dominant in the left hemisphere (Hickok and Poeppel,

2007). The left inferior parietal lobule is specifically associated with speech-in-noise perception (Alain et al., 2018) as well as semantic processing (Coslett and Schwartz, 2018), whilst left frontal/prefrontal cortex is associated with listening effort (Wild et al., 2012; Wijayasiri et al., 2017; Rovetti et al., 2019; Sherafati et al., 2022). The fNIRS waveforms were temporally averaged across channels within each given ROI for each trial. The averaged waveform was then baseline-corrected by subtracting the mean of the 10-second pre-stimulus period and normalized by dividing the pre-stimulus' standard deviation (Balconi et al., 2015; Balconi and Vanutelli, 2016, 2017; Mutlu et al., 2020; Yorgancigil et al., 2022). The waveforms were then averaged across trials for each condition in each session. Because the haemodynamic responses peak at ~5 seconds after the stimulus presentation, the response amplitude for a given condition was measured as the mean amplitude across the 5–25 seconds' period (according to the 20 seconds block duration) after stimulus onset.

Functional connectivity was also quantified following the approach developed by Rissman et al. (2004) which measures correlations of beta-weight series across individual blocks (obtained via General Linear Model, GLM) between different channels. Specifically, design matrices were first created for the three experiment sessions (T0, T1 and T2) and for the auditory and visual tests, respectively. In each matrix, a boxcar regressor was created for every single block. The resting state was not included as a regressor based on the assumption that it did not actively trigger the haemodynamic responses and its activation level approximated to the global intercept. The canonical haemodynamic response function (HRF) was then convolved with the design matrix and the corresponding fNIRS signals were fitted using the convolved matrix via GLM (using the SPM-fNIRS toolbox) to obtain channel-wise beta weights. As such, a beta weight was obtained for every single block that reflected the level of activations of that block in each channel. This thus generated a beta-weight series for each condition (e.g., there were 12 blocks for the speech condition, hence giving a series of 12 beta values) for each channel. Pearson correlations of the beta-weight series were then calculated between individual channels (followed by Fisher-transform) as the values of connectivity between them. Such an approach has been successfully applied to quantify effective haemodynamic functional connectivity (Rissman et al., 2004; Ye et al., 2011; Gottlich et al., 2017; Antonucci et al., 2020; Pang et al., 2022).

2.6 Statistical analyses

Following acquirement of the behavioural (SRTs) and fNIRS data (activation levels and functional connectivity), statistically analyses were conducted to compare how these data changed between different experiment sessions (T1 vs T0, T2 vs T0 and T2 vs T1). Due to the relatively small number of participants, we applied bootstrapping instead of ANOVAs to avoid requirement for assumptions of specific data distributions (e.g., normality). Specifically, data were resampled with replacement in each replication and a bootstrap distribution was obtained after 10,000 replications. The confidence intervals were measured using the bias-corrected and accelerated (BCa) approach (using the Matlab function 'bootci') which corrected the confidence limits by accounting for deviations of the bootstrapped mean from the sample mean and skewness of the distributions (Efron, 1987; Efron and Tibshirani, 1994). An effect was considered as statistically significant if the value of zero fell outside the [1–α] (α as the significance level set at 0.05) confidence interval of a given distribution. For the SRTs and fNIRS activation levels in each ROI, α was set at 0.05/3 to correct for the number of sessions (i.e., 3). For the functional connectivity, α was set at 0.05/(946*3) to correct for the total number of connectivity between all 44 channels (i.e., 946) and the number of sessions (i.e., 3).

3 Results

3.1 Behavioural results

Behavioural speech-in-noise performances were measured as SRTs. We found significantly lower SRT (i.e., better speech-in-noise performance) at T2 than at T0, but no significant differences between T1 and T0 or between T2 and T1 (**Figure 4**). This thus shows that speech-in-noise performance improved after retention (T2) but not immediately after training (T1).

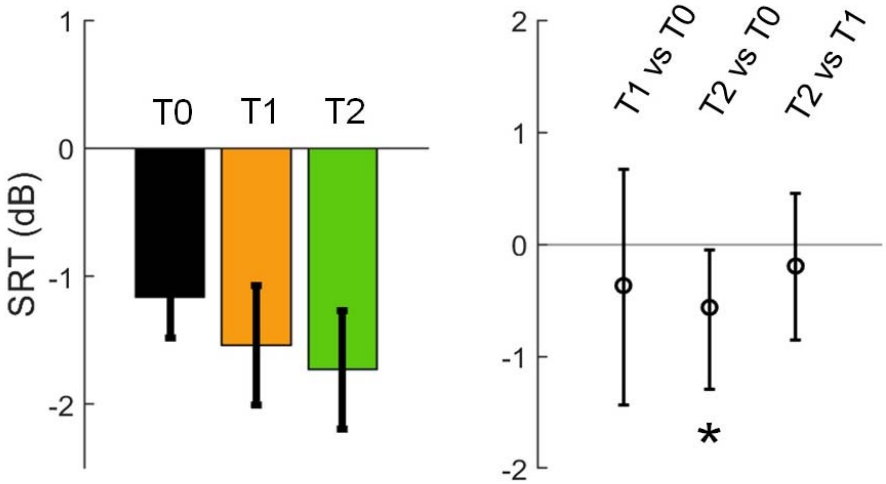

Figure 4. Speech-in-noise performances (SRT; lower SRT reflects better performance) across sessions. *Left panel*: SRTs at T0, T1 and T2. Error bars indicate standard errors of the means. *Right panel*: changes across sessions (T1 vs. T0, T2 vs. T0 and T2 vs. T1) with mean values indicated by circles in the middle and error bars indicating 95% confidence intervals (significance level α corrected at 0.05/3). The asterisk indicates significance where zero is outside the confidence interval.

3.2 Neural results

3.2.1 Auditory tests

Functional activation levels connectivity in response to auditory stimuli were compared between the three sessions. We conducted the comparisons separately for the speech and nonspeech conditions, as well as for speech vs. nonspeech.

For the activation levels, we found significantly decreased responses amplitudes at post-training than baseline (T1 vs T0 and T2 vs T0) in the ROI of the left frontal cortex for the speech but not the nonspeech condition. In addition, such decreases were also significantly greater for speech than for nonspeech (i.e., speech-

nonspeech) (**Figure 5B**). No significant differences were found between T1 and T2 in the left frontal cortex. No significant differences were found between sessions in any other ROIs (bilateral auditory cortices or left inferior parietal lobule).

For the functional connectivity, we found significant connectivity enhancements for both speech and nonspeech at T1 and T2 compared to T0 (as well as several decreases, see **Figure 5C**). Importantly, however, these enhancements were dominant in the speech condition after retention (i.e., T2). There were 14 pairs of channels for T2 vs. T0 and 9 pairs of channels for T2 vs. T1 for the speech condition as opposed to no more than 4 pairs of channels in any other comparison for speech/nonspeech where significant enhancements were found. These enhancements include intra- and inter-hemispheric connectivity between auditory (channels 2, 3, 7, 23, 24 and 29) and non-auditory channels. For (speech-nonspeech), significant enhancements were found between non-auditory channels for T1 vs T0 and T2 vs. T0. These changes in functional connectivity thus corresponded to the behavioural changes where speech-in-noise performances improved after retention (T2) but not immediately after training (T1).

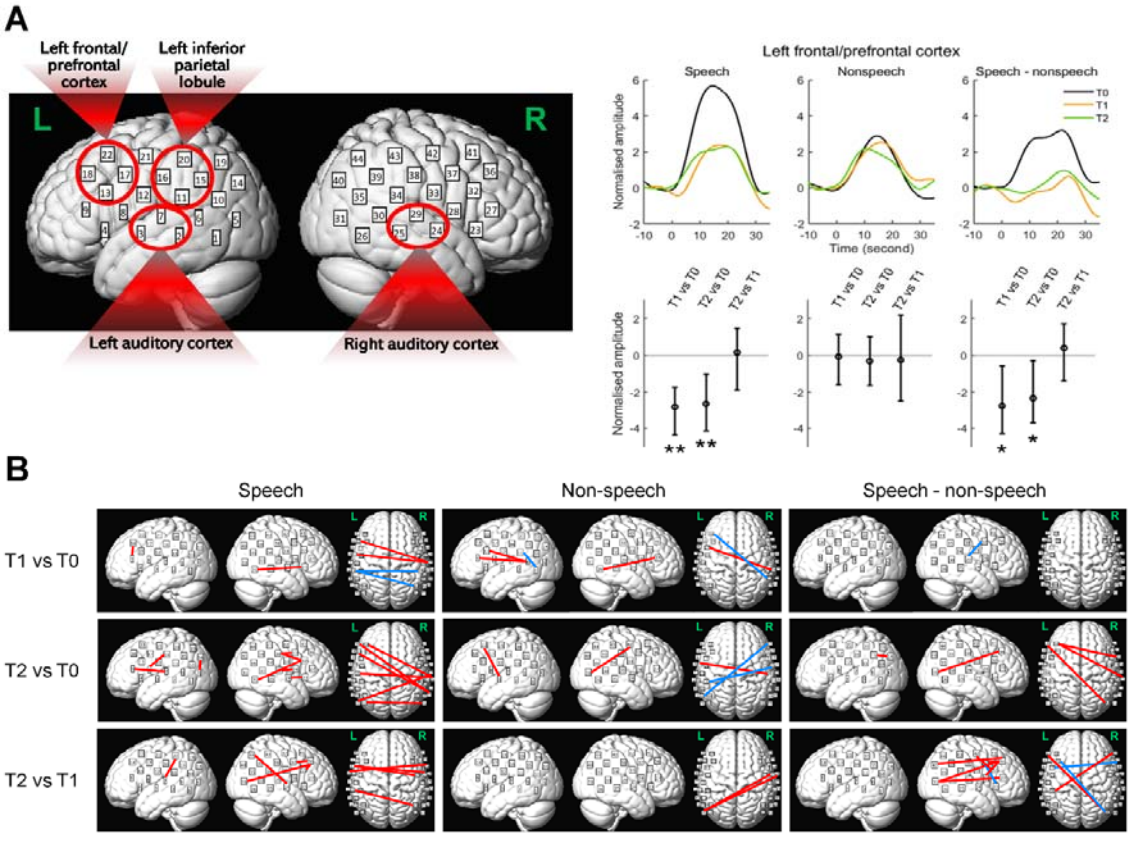

Figure 5. Changes in functional activation levels and connectivity during the auditory test across sessions (T1 vs. T0, T2 vs. T0 and T2 vs. T1) for the speech, nonspeech and (speech - nonspeech) conditions. See *Methods and Materials* for details of determining statistical significance. **(A)** *Left*: ROIs for calculating functional activation levels indicated by red circles. ROIs include the bilateral auditory cortices (left: Channels 2, 3 and 7; right: Channels 24, 25 and 29), left inferior parietal lobule (Channels 11, 15, 16 and 20) and left frontal/prefrontal cortices (Channels 13, 17, 18 and 22). *Right*: changes in response amplitude in the ROI of left

frontal/prefrontal cortex showing significant decreases in activities after training for speech and (speech-nonspeech) (T1 vs. T0 and T2 vs. T0). Upper panels: averaged normalised amplitudes for all three sessions. Lower panels: changes across sessions with mean values indicated by circles in the middle and the error bars indicating 95% confidence intervals (significance level α corrected at 0.05/3). Single and double asterisk(s) indicate that zeros are outside the 95% and 99% confidence intervals, respectively. **(B)** Changes in functional connectivity. In each panel, significant changes (α corrected at 0.05/(964*3)) in intra- and inter-hemispheric connectivity are shown respectively (from left to right). The red and blue lines indicate the enhancement/increases and decreases in connectivity, respectively, showing that major enhancement occurred for speech after retention (T2 vs. T0 and T2 vs. T1).

3.2.2 Visual tests

Same as the auditory test, brain activation levels (channel-wise beta-weights and response amplitudes in ROIs) and functional connectivity for the visual tests were compared between sessions. For the activation levels, we did not find any significant differences in beta-weights in any channel or response amplitudes in either ROI (left or right auditory cortex) between sessions.

For the functional connectivity, changes were mainly found in T1 where significant decreases in connectivity were found between 14 pairs of channels for T1 vs. T0, where only one pair was found for T2 vs. T0 (see **Figure 6**). Out of these 14 pairs for T1 vs. T0, only two pairs were those unrelated to auditory cortices (connectivity between channels 13 and 35 and between 5 and 36); the other 12 pairs were all between auditory cortices (10 pairs at channels 2, 3 and 7 on the left and 2 pairs at channel 24 on the right) and non-auditory regions in the parietal and frontal areas and temporo-parietal junctions. Therefore, the results show that brain connectivity between auditory cortices (especially the left auditory cortex) and higher-level non-auditory regions in response to the visual stimuli were significantly decreased immediately after training, but then such decreases vanished after retention.

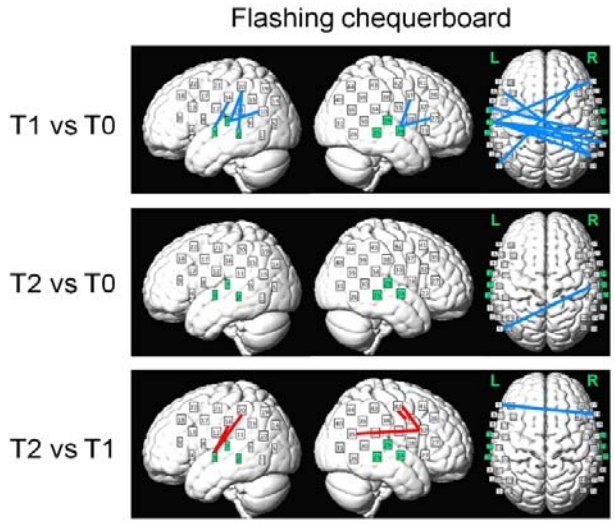

Figure 6. Changes in functional connectivity during the visual test across sessions (T1 vs. T0, T2 vs. T0 and T2 vs. T1). In each panel, significant changes (α corrected at 0.05/(964*3)) in intra- and inter-hemispheric connectivity are shown respectively (from left to right). The red and blue lines indicate the enhancement/increases and decreases in connectivity, respectively. Major changes were decreased connectivity between auditory and non-auditory cortices immediately after training (T1 vs. T0). Channels on the left and right auditory cortices (Channels 2, 3, 7, 24, 25 and 29) are highlighted as green.

4 Discussion

4.1 Neuroplasticity for speech-in-noise processing in noise older adults detected by fNIRS

Functional imaging techniques, such as fMRI and PET, often face limitations in auditory research. These include loud scanning noise (e.g., fMRI) that requires careful design of paradigms in auditory experiments assuming that responses to the noise are the same across different experimental conditions (Hall et al., 1999, 2009; Blackman and Hall, 2011; Peelle, 2014). This could be tricky for hearing-impaired participants who often struggle with hearing in noisy backgrounds and when using speech stimuli who themselves are designed to be presented under noise. PET, on the other hand, does not have such caveat, but it is invasive requiring injection of radioactive isotopes, hence limiting its feasibility of repetitive use for longitudinal studies (Saliba et al., 2016; Basura et al., 2018; Harrison et al., 2021). Compared to fMRI/PET, fNIRS is non-invasive, acoustic silent/low noise and feasibly used longitudinally. In the current study, we used fNIRS to conduct a longitudinal study to examine auditory neuroplasticity in older adults. To our knowledge, there is the first study using fNIRS to examine neuroplasticity in terms of speech-in-noise perception. Most of our older adults (eight out of ten) had mild-to-moderate hearing loss, especially at high-frequencies (> 2 kHz), consistent with the real-life patterns of sensorineural hearing loss during normal ageing (Gopinath et al., 2009; Humes et al., 2010). Older adults often face challenges in listening to speech under noisy environments (Humes, 1996), especially for those who have hearing loss (Souza and Turner, 1994; Barrenäs and Wikström, 2000; Humes, 2008) and speech-based training has been provided aiming to improve their speech-in-noise perception (Stropahl et al., 2020; Bieber and Gordon-Salant, 2021). Our results showed both behavioural and neural changes after training.

Behaviourally, we showed significant improvements in speech-in-noise performances after the retention period (T2), but not immediately after training (T1) compared to the pre-training baseline (T0). This corresponded to changes in functional connectivity during the auditory speech tests. Significant enhancements in connectivity were predominantly observed for the speech condition at T2 (T2 vs. T0 and T2 vs. T1), but not T1 (T1 vs. T0). Such enhancements include greater intra- and inter-hemispheric connectivity between channels across bilateral temporal and parietal and frontal regions. This may indicate that changes in wide-spread functional connectivity could be potential indices for behavioural changes in speech-in-noise perception. This is also consistent with arguments that speech perception involves functioning of large-scale neural networks encompassing multiple wide-spread cortical regions that wire together rather than functioning of a single hub (Hickok and Poeppel, 2007). As indicated in our results, such networks whose enhancements were observed

include not only lower-order auditory/temporal regions, but also higher-order non-auditory (parietal and frontal) regions. It has been reported that parietal cortices are involved with short-term phonological storage (Buchsbaum and D'Esposito, 2009), sensorimotor speech integration (Alho et al., 2014; Skipper et al., 2017) and semantic processing (Coslett and Schwartz, 2018), whilst frontal cortices are related to effortful listening (Wild et al., 2012; Wijayasiri et al., 2017), phonological working memory maintenance (Strand et al., 2008; Liebenthal et al., 2013) and syntactic processing (Grodzinsky et al., 2021) during speech perception. Also, the enhancements of inter-hemispheric connectivity indicate the potential importance of coordination between the two hemispheres for speech-in-noise perception, which is a result, to our knowledge, that has not been reported previously.

Furthermore, we found more intriguing results showing that neural changes can occur *before* the significant changes in behavioural performances. Specifically, functional activation decreased in the left frontal/prefrontal cortex during the auditory test at both T1 and T2 compared T0, hence taking place before the behavioural improvements which only emerged at T2. The ROI-wise block-averaging analysis, which has better test-retest reliability compared to the channel-wise approach (Plichta et al., 2006; Schecklmann et al., 2008; Blasi et al., 2014; Wiggins et al., 2016), showed that these decreases were significantly greater for speech than nonspeech. This thus indicates that such effects were not merely driven by acoustics, but also higher-level speech-specific features like intelligibility. Previous research has demonstrated that activations in the left frontal/prefrontal regions reflect listening efforts during auditory and speech perception in populations with various hearing status, including young normal-hearing adults (Wild et al., 2012; Wijayasiri et al., 2017), older adults with normal hearing (Wong et al., 2009) and mild-to-moderate hearing loss (Rovetti et al., 2019), and cochlear implant patients who have severe hearing impairment (Sherafati et al., 2022). Therefore, this result demonstrated reduced listening effort during speech-in-noise perception even *before* the occurrence of behavioural improvement and such reduction persisted after the retention period.

We also observed significant decreases in functional connectivity between auditory cortices and non-auditory parietal and frontal regions during the visual (checkerboard flashing) task at T1 vs. T0, which also occurred before the significant behavioural changes. Previous studies have shown greater auditory cortical activities in hearing-impaired people when they process non-auditory (e.g., visual) stimuli possibly reflecting functional takeover of the auditory functions (Rouger et al., 2012; Campbell and Sharma, 2014; Chen et al., 2015; Dewey and Hartley, 2015; Corina et al., 2017) associated with worsened speech perception (Campbell and Sharma, 2014). The current result may thus reflect decreases in cross-modal takeover after training. Also, this result should be the first time to indicate the possible takeover effects reflected by functional connectivity between auditory and higher-order speech-related areas. Alternatively, this may reflect a greater suppression of activities in auditory-related areas during visual stimulations as shown in normal-hearing individuals. However, such decreases did not persist after retention and thus did not correspond to the changes in speech-in-noise performances. We argue that this may be because older participants in the current study had either normal hearing or mild-to-moderate hearing loss, while the takeover or lack-of-suppression effects in the previous studies were reported in those with severe hearing loss (Campbell and Sharma, 2014; Chen et al., 2015; Dewey and Hartley, 2015; Corina et al., 2017). It is thus possible that, with less impaired hearing, our participants may have lower potentials for cross-modal neuroplastic changes. Therefore, while these decreases were observed

immediately after training, they may be harder to persist, especially when the training had stopped during the retention period. Nonetheless, we demonstrated these longitudinal changes in cross-modal activations in healthy older participants that have not been reported in previous studies, hence illustrating the promises of using fNIRS to study such changes in more hearing-vulnerable populations in the future.

Taken together, our results demonstrated the auditory neuroplasticity using fNIRS where longitudinal changes in brain functions in response to auditory and visual stimuli occurred along with changes in behavioural (i.e., speech-in-noise) performances. We found that large-scale functional connectivity in response to speech in noise was enhanced corresponding to the behavioural improvements. Crucially, we demonstrated that neural changes, i.e., decreased left frontal/prefrontal responses to speech (reflecting reduced listening efforts) and decreased visual-elicited auditory cortical connectivity with higher-order speech-related areas (reflecting reduced cross-modal takeover and/or greater cross-modal suppression), occurred *before* the emergence of behavioural improvements. These changes can thus be seen as neural precursors that would not be detected solely through behavioural measurements, hence indicating predictive/prognostic potentials for treatments of speech-in-noise perception in hearing-impaired populations.

4.2 Limitations and future research

The current finding that speech-in-noise performance was improved only after retention (T2) rather than immediately after training (T1) indicates that the training may have resulted in a longer/medium-term rather than an immediate behavioural effect. Alternatively, this may be due to learning effects of multiple experiment sessions. This would also apply to changes in neural activities observed here. Future studies including a control group without receipt of training would help to disentangle the training and learning effects. Nonetheless, an important goal of our study was to assess the promises of fNIRS to study auditory neuroplasticity alongside behavioural changes without much concerning about the exact driver of this plasticity. In this sense, it is less important to clarify the training and learning effects, whereas the speech-based training can be seen as a tool that helped facilitate the emergence of neuroplastic changes.

Another limitation was the small sample size. More participants would be recruited to have greater statistical power in the future and to allow for better estimation of how neural changes are associated with behavioural changes. Also, future research would apply fNIRS in those who have more severe hearing impairment and/or those with hearing protheses (e.g., hearing aids and cochlear implants) to further prove the promises of fNIRS in wider hearing-vulnerable populations.

4.3 Conclusion

To our knowledge, the current study is the first to use the optical neuroimaging technique of fNIRS to test longitudinal changes in auditory functions in older adults. fNIRS is a tool that has unique advantages to assess and monitor functional brain activities in hearing-vulnerable populations over other neuroimaging techniques like fMRI and PET. Here, we demonstrated evidence for detecting neuroplasticity for speech-in-noise perception using fNIRS. We argue that the current study should lay the ground for evaluating auditory neuroplasticity in wider hearing-impaired populations and those who wear hearing protheses such as hearing aids and cochlear implants.

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6 Declarations

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Authors' contributions: GM - conceptualization, funding acquisition, data collection, data analyses, original paper drafting, paper review and editing. ZJ – data collection, data analyses, paper review. XW – data collection, data analyses. IT – conceptualization, funding acquisition, paper review and editing, supervision. PH – conceptualization, funding acquisition, paper review and editing, supervision.

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